

Case Number:	CM15-0076142		
Date Assigned:	04/27/2015	Date of Injury:	12/14/1999
Decision Date:	05/28/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/21/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New York, Tennessee

Certification(s)/Specialty: Emergency Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 73 year old male who sustained an industrial injury on 12/14/99. He has reported initial complaints of right knee popping out and being stuck on a ladder. The diagnoses have included mechanical loosening of prosthetic joint, enthesopathy of the knee, and osteoarthritis of the lower leg. Treatment to date has included right knee arthroscopy and revision, right knee patellar allograft, medications, physical therapy 24 visits, cortisone injections, Transcutaneous electrical nerve stimulation (TENS), cane, shoe prosthesis, bracing, rest, ice, water aerobics, and home exercise program (HEP). The diagnostic testing that was performed included x-rays of the right knee. Currently, as per the physician progress note dated 3/26/15, the injured worker complains of right knee pain and he reports that the knee has never been right even after the patellar revision. The pain is in the tibia and lateral shin and worse with extended walking. He reports improvement with ice, rest, transcutaneous electrical nerve stimulation (TENS) and use of brace. Physical exam revealed right knee has marked tenderness to palpation at the lateral knee, proximal tibia and lateral shin area. There was pain with hyperflexion . The physician noted that there was likely unstable right total knee arthroplasty (TKA) with pain and weakness and would require a workup for loosening and infection. Work status was light duty with no walking more than 10 minutes an hour. He was sent for labs and the physician requested treatment included three phase bone scan right knee.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Three phase bone scan right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment for Workers' Compensation, Online Edition, Chapter: Knee & Leg (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg, Bone scan (imaging).

Decision rationale: Bone scan imaging is indicated after total knee replacement if pain caused by loosening of implant suspected. In pain after total knee arthroplasty, after a negative radiograph for loosening and a negative aspiration for infection, a bone scan is a reasonable screening test. Evaluation of 80 bone scans in patients with symptomatic TKAs found that the method distinguished abnormal patients (loosening or infection) from normal ones with a sensitivity of 92%. In this case there are no significant changes in the patient's condition since at least June 2013. There is no recent negative radiograph of the right knee. Bone scan is indicated if there is a negative radiograph. Conditions for bone scan imaging are not met. The request is not medically necessary.